



Pre- 65 Retiree Subsidy Verification 2015 Plan Year

Retirees or their surviving spouse under the age of 65 are entitled to a subsidy from the City toward the cost of their medical insurance premiums, if the Retiree or surviving spouse did not have access to insurance from a current employer as of September 16, 2014, nor have access to insurance from a spouse's employer. In order to qualify for the City subsidy toward the cost of the City's Basic and Premier Plans, please complete the following:

Retiree Name: _____ Employee Last 4 of SSN: _____
(Surviving Spouse) (Last, First, MI)

Spouse Name: _____ Spouse Last 4 of SSN: _____
(Last, First, MI)

Please read all options and **initial** the appropriate response(s):

_____ I **do not** currently work.

_____ I **do** currently work.

_____ I **do not** have access to group medical insurance through my current employer.

My current employer is: _____

_____ My spouse **does not** currently work.

_____ My spouse **does** currently work.

_____ My spouse listed above is **not** eligible for group medical insurance through his/her employer.

My spouse's current employer is: _____

As verification of the foregoing, attached is a copy of our/my 2013 Tax Transcript(s) with W-2(s). The undersigned do hereby attest that information contained above and the information contained on my 2013 Tax Transcript with W-2s is true and accurate.

I acknowledge the City of Memphis reserves the right to request supporting documentation and any proof as it, in its sole discretion, deems necessary in order to verify the representations I have made in this Verification. The undersigned also understand that if my access to group medical insurance status changes, it is my responsibility to notify the Benefits Office within 30 days of such change. It is further acknowledged that if the subsidy is received from the City of Memphis for the cost associated with the Basic and Premier medical plan and if it is later determined that I was eligible for other group medical coverage through my or my spouse's employer, that I may be required to repay the cost of any claims incurred or paid under the City's Medical Plan.

Signature: _____ Date: _____
Retiree/Surviving Spouse

Signature: _____ Date: _____
Spouse

To obtain a copy of the 2013 Tax Transcript with W-2 information, you may request it by calling 800-908-9946, visiting your local IRS office and/or requesting a copy online at <http://www.irs.gov/Individuals/Get-Transcript>. You may also request a transcript using IRS Form 4506-T.